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AUTHOR	Lopata, Helena Z.; And Others
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ABSTRACT

This Technical Committee Report presents research on demographic trends, labor force participation, and public service programs which suggests a need to alter traditional assumptions about aging, family, and social supports required for an equitably integrated society. Demographic data on populations, families, and aging are provided, and demographic changes which have implications for age-integration of families are discussed, including changing social roles of mid-life Americans and changing social and economic roles of women. Historical data focus on filial piety, exploring intergenerational households, economic necessity and family conflict. Sociological data examine contemporary patterns of intergenerational solidarity. Discussion of family structure and household composition, associational and affectual solidarity between generations, exchanges of assistance and support between generations, norms and intergenerational transfers, and burdens and stresses are included. Perspectives on public policies which constrain or facilitate the family's functions are given, and committee recommendations designed to support the family and create an age-integrated society are enumerated. An executive summary of this report is also included. (NRB)

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WHITE HOUSE CONFERENCE ON AGING, 1981

Creating an Age Integrated Society: Implications for the Family

Report and Executive Summary of the Technical Committee

Helena Z. Lopata, Director
Center for Comparative Study of Social Roles
Loyola University

Avis Bohlen
Elaine Brody
Rev. Lucius F. Cervantes
Robert Hill
Mesako Osako
Barbara Silverstone

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Report of Technical Committee on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR THE FAMILY

TCR-7

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TECHNICAL COMMITTEE MEMBERS

Helena Z. Lopata, Ph.D.
Professor of Sociology
Director, Center for Comparative Study of Social Roles
Loyola University, Chicago, Illinois

Avis Bohlen
American Association of Foreign Service Women
Washington, D. C.

Elaine Brody, MA
President-Elect
Gerontological Society, PA
Senior Researcher
Philadelphia Geriatric Center

Rev. Lucius F. Cervantes
S.J., Ph.D.
Executive Director, St. Louis Area Agency on Aging & Mayor's Commission on Aging
St. Louis, MO

Robert Hill, Ph.D.
Director of Research
National Urban League, DC

Mesako Osako, Ph,D., Professor
Department of Sociology
University of Illinois

Barbara Silverstone, DSW
Executive Director
Benjamin Rose Institute, OH
Chairman, Committee on Aging, NASW

COMMITTEE STAFF, CONSULTANTS, EXPERTS

Marjorie Cantor, Ph.D., Consultant
Fordham University, NY

Judith Treas, Ph,D,, Consultant
University of Southern California

Phyllis Miller, Ph.D.
White House Conference on Aging Staff

Dale Wing, MA
White House Conference on Aging Staff

Susan Slatkin, MPA
White House Conference on Aging Staff

I. INTRODUCTION

The traditional view of the elderly presents them as fully integrated in the family, in terms of social supports and functions. However, a number of recent social scientists have questioned this view as an over-idealization of the past. In addition, over the past five decades, a number of remarkable changes have occurred which have altered family relations, contributing to the need to re-examine public policy and action with respect to the older person, with his or her family, and the society within which he or she now lives. In identifying and describing some of these changes and their consequences, we need to look at demographic facts, that is, population changes and challenges to the family; historical changes in the definitions, and relations called "filial piety"; and social facts concerning intergenerational solidarity.

Contemporary research documents that while more and more Americans are surviving into their sixth, seventh, eighth, and even ninth decades of life, fertility roles for younger cohorts have dropped. This suggests that families may be increasingly taxed beyond their limits in providing for elderly members. More and more middle-aged women are employed full time outside the home. This indicates that the traditional "kin-keepers" may find themselves squeezed between demands of the job and of older and younger generations within the family. Other newly created social institutions such as public service agencies and elderly programs within the private sector, are taking on some of the traditional family functions and providing new services in meeting the needs of older members. To some observers, this suggests the importance of some families as the primary support institution in American society, especially in their inability to provide many needed supports to older members without unbearable strain.

Concern about, and interest in, the ethnic aged and the minority-of-color aged are of very recent origin. Studies find that, on the one hand, most minorities-of-color and old-world national cultures containing traditional support systems for the aged, such as the stable family and unique community patterns, are still very much in operation in some localities and taken for granted. On the other hand, many such groups are not as able to provide supports to their own kind, especially if they are poor or beginning to disperse geographically. In addition, the original thrust of the American society toward assimilation of all cultures into one dominant mode has resulted in the downplay of positive features and the devaluation of the knowledge and wisdom of the elderly of these cultures. The importance of cultural differentiation was easily overlooked, with the consequence that the elderly depositories of such cultures were ignored and devalued, even by the young of their own group, while the society at large had expressed no interest in them.

Recent research identifies the continued support of the family as supremely important and needed for all of its members, especially the young and the old, in such a fast changing and ever more complex industrialized society as America. Broad based family support is hard to accomplish, because the rate of social change, including technology, geographical and social mobility, plus culturally widespread ageism have weakened the relationship between the young and the old. The gap between generations and the lack of identification of each with the other has been most detrimental for the elderly in situations in which they have become victimized and abused physically and psychologically. Knowledge of crimes against the elderly is so prevalent that the elderly are becoming fearful of the young and tend to avoid contact, especially in high crime areas, and even in places where the danger is minimal. Thus, the combination of such factors decreases the benefits in intergenerational contacts and relations, as well as increases the costs. According to recent literature, there is also abuse of the elderly both physically and psychologically within the family units, but much more research needs to be conducted before we know the extent of this problem.

While society has created programs through agencies designed to help alleviate these problems, these programs have often been less than effective. Over-individualization of public policy and regulations have tended toward practices which treat the elderly as isolated individual cases, rather than as part of a family that could provide or is providing certain supports. On the other hand, other public policies discriminate against the elderly who live with families by not providing supports that could ease the strain involved in the care of dependent elderly. Inadequacies in services to the elderly places upon families a heavy burden which society has thus far failed to recognize and alleviate. Inflation is eating away the resources of the elderly, so that those who cannot purchase the services they need become increasingly dependent upon the family and the community. Age segregation in housing, recreational facilities, work environments, etc., make intergenerational contact very difficult to achieve. A family breakdown cycle can result in a disintegration of family relations, even among previously "adequate" families.

ISSUES

As American society has become concerned with all these changes and problems facing families, it has generated, often without a consistent logic, more and more services and supports on an individual basis, with a focus outside the family. American society faces a dilemma. On the one hand, it places a high value on the family as a primary source of meeting needs and providing emotional supports to all of its members, so it tends to maintain a "hands off" public policy. On the other hand, policy formulators and program administrators are aware of the social changes that have altered traditional relationships and responsibilities of families toward kin and have responded with

stopgap measures when problems become visible. Thus, the society has failed to provide a systematic program to help families in need in times of crises, such as the presence of dependent frail elderly, or to provide constant help in some areas of life, including the alleviation of poverty.

A number of surveys report the existence of socially isolated aged individuals, widowed and childless (because they never had any or because they outlived them). For example, Lopata (1979) reports that some of the Chicago area widows she interviewed had no living children; others saw some of their children infrequently, while others did not even know where one of their children was living. The less education a woman had achieved in her youth, Lopata reports, and the lower her socioeconomic class, the more restricted is her life space in widowhood. As is suggested in Lopata's survey and in the recent analyses by Cantor (1980), Bengtson and Kuypers (1980) of the family breakdown cycle in old age, severe problems face many families in coping with the normal losses and transitions of aging. Sub-cultural and ethnic differentials are increasingly being investigated in America's pluralistic society. Osako (1979) has documented both the strengths and strains among Japanese-American families adjusting to old age, while Bengtson and Burton (1981) note factors leading to greater vulnerability of mental health among today's Black aged. Conflict of long duration with adult children exists in many families (Bengtson and Kuypers, 1980). Adult abuse is increasingly reported in the mass media and by researchers studying violence in the family; Steinmetz & Strauss (1979). In short, contemporary intergenerational family life among America's aged reflects a diverse picture of strengths and weaknesses, supports and problems.

Although most of today's elderly are not isolated or abandoned by their families in a fast-changing social context, many feel vulnerable to the changes of aging and to the overtaxed resources of multigenerational family units. For these elderly Americans and their families, and for the smaller but more desperate minority-of-color and euro-ethnic elderly who are experiencing neglect or outright abuse at the hands of overwrought or indifferent children, it is crucial that more comprehensive and human social policy be enacted. This is the legacy we must give to the aged of the 21st century.

POLICIES

The extension of life to include four and five generations in the family, women entering the labor force in increasing numbers, and the tension between values of filial piety and intergenerational independence are examples of contemporary demographic and social trends impinging on today's American family. Such trends point to the need for a broad range of social policies to meet the changing family patterns in the next decade and beyond. Current

policy has definitely moved beyond the pattern of exclusive family support. A long inventory can be cited of programs which have been suggested, and in some cases implemented to meet the special needs of different kinds of elderly, dependent or impaired, the well and active, and the underutilized in the community within the family (Brody, 1978, 1980; Lang & Brody, 1980; Cantor, 1977, 1980; Lopata and Brehm, 1981). Among these are: (1) in-home services such as homemaker and personal care, (2) service-supported living arrangements and quality institutions for older people; (3) financial supports such as a family allowance to help defray costs of parent care; (4) reimbursement for day care; and (5) respite care, all of which have been studied by Cantor for the elderly of New York City. Programs for the well elderly who are community service oriented include: Foster Grandparents, Vista, Peace Corps, oral historian, day care center help such as the Filmore Early Learning Center in the Nation's Capital, local volunteer service, transportation service, age-integrated recreational programs for aged and multi-generational use. These services, however, are not normally available throughout the country, nor are they integrated into coordinated programs.

Some of the public policies of our society have not been maximally beneficial to members, while others are detrimental to the welfare of families' crises or the elderly. Among these policies are the Social Security cutoff of family maximum benefits for families with more than two children; age-segregated housing; inheritance laws which do not give credit to the working wife as a contributor to the two-person career; and filial obligation for provisions for Medicaid and the insistence that children be responsible for medical payment. A special problem is lack of financial support for widows in the "black out" period, the period when they have no dependent children and are not yet eligible for retirement benefits. In order to improve the quality of life for the elders and to enhance the position of the families, there is a need for a new policy to develop respected new roles for the long phase of later life, after parental and occupational roles have ended. Of equal benefit would be a social policy to assist older individuals and their families in coping with health changes and the crises of role transitions.

RECOMMENDATIONS

A. There are a number of laws and public policies that are detrimental to the welfare of elderly people and should be reexamined and modified by the United States Congress or appropriate agencies. These include:
   1. Inheritance laws which neglect the contributions of work by the spouse, especially the wife (farm, home, etc.)
   2. Laws "deeming" family responsibility for the economic support of the elderly.
   3. Laws holding adult children responsible for the medical bills incurred by elderly parents.

4. Social Security policies, including:
   (a) the 1/3 reduction in SSI when the old person shares a dwelling unit,
   (b) the reduction in benefits when family members make contributions to the elderly,
   (c) the assets test for SSI,
   (d) The failure to provide support and funds for job training in early months of widowhood to women ineligible for benefits because of the absence of dependent children; the removal of benefits when children grow up, or age ineligibility.

B. Positive policies which could be instituted by federal and state governments can include allocation of funds for:

1. Research and demonstration project grants, focusing on minority and dominant group families as basic units for support systems in combination with community resources to determine which factors and which combinations best meet the needs of different types of the elderly (frail, able, contributive to community, etc.)
2. Tax credits, abatements, or allowances, etc., to include:
   (a) Income tax credits for helping,
   (b) Increased allowance for families to retard transfer to nursing home,
   (c) Real estate tax abatement, or family allowances, etc.,
   (d) Allowances for recognition of the role which families play in care of disabled and ill elderly members, and
   (d) National demonstrations for some home centered service for the large number of elderly living alone.

C. Existing community service agencies should modify their programs to focus on the family as a dynamic support unit, enhancing its competence in dealing with crises of older members and for providing a continuing support mode. Agencies can:

1. Educate community groups in the needs and existing services to help the elderly, encouraging them to form the neighborhood networks discussed in Recommendation D,

2. Modify the requirements for providing support services so as to focus on the family as the service unit, rather than on the individual as the only concern of service eligibility and provision assistance,

3. Conduct and encourage research on the family as a unit that would stress the intergenerational aspects of family relationship rather than on the individual as a unit of inquiry,

4. Increase the trend toward home care for the elderly by providing the family with needed services such as:

   (a) containment of family costs by provision of home meals, administration of medication through a visiting nurse program, and periodic respite for families caring for sick elderly,

   (b) educating caretakers as to the best and easiest means of meeting needs of the elderly,

   (c) consultation with the family as a whole as to its needs which could be met by existing agencies and services, and

   (d) provision of a hotline emergency service for victims of adult abuse.

D. The existing agencies and voluntary associations within each community are to be encouraged to develop neighborhood networks (some already exist in a few cities, small towns often have them) which can find families in acute crises situations, provide connecting links to services and supports and follow up with continued contact as long as needed. Such networks can consist of representative subcommittees of voluntary associations, such as churches, sororities, associations, and synagogues, organized by neighborhood and working cooperatively. Such networks can provide information and services to a wide range of elders, including the able and those who are frail, as well as the active and the isolated, etc. It is important to utilize the elderly as active participants in the network as much as possible.

E. Specific programs which communities and neighborhood networks could develop of benefit to the elderly would aim to build bridges between generations particularly between the young and the old. To further such intergenerational relationships the following steps should be undertaken:

   1. Expand programs to involve grandparents in specific activities, such as Foster Grandparents,

   2. Give attention to elderly in publicly assisted housing such as keeping grandparents close to the rest of the family in separate close by housing,

   3. Create day care center projects that utilize paid volunteer grandparents in the program,

   4. Place senior centers in day care buildings,

   5. Involve grandparents in service delivery to the young by having them transmit information on the tradition and culture,

6. Involve organizations in special elderly activities,

7. Free housing regulations to permit young people to live with the elderly,

8. Assist the elderly to form a relation-strengthening community and society interface with both formal and informal organizations, and

9. Transmit information on educating middle-aged persons regarding resources and services for the aging, so the middle-aged can assume a helping posture.

F. There needs to be encouragement for local groups and committees to establish hotline emergency service for victims of adult abuse.

G. Federal agencies need to support demonstration projects which examine the potentials of the informal support systems of minorities-of-color families, ethnic cultural groups, and low income communities, and for their impact on meeting the needs of their elderly.

II. CREATING AN AGE-INTEGRATED SOCIETY: IMPLICATIONS FOR THE FAMILY LIFE OF OLDER PERSONS

Throughout most of human history, the family has been the primary context of social integration for aged individuals, as well as the principal provider of support and assistance to the elderly in need.

Within the lifetime of those Americans now approaching old age, however, a number of dramatic changes have occurred in social structure and function which require alterations in our traditional assumptions concerning aging, family, and social supports required for an equitably integrated society.

Recent research documents these trends:

--Demographic trends: while more and more Americans are surviving into sixth, seventh, eighth and even ninth decades of life, fertility rates for younger cohorts have dropped: this suggests that families may be increasingly taxed beyond their limits in providing for elderly members in need.

--Labor force participation: more middle-aged women are employed full time outside the home: this indicates that the traditional "kin-keepers" in the family may find themselves squeezed between demands of older and younger generations within the family,

--Trends in the growth of the public service agencies and programs: other social institutions have taken on some traditional family functions in meeting needs of older members: this implies a decline of the family as a primary social institution in American society.

Taken together, these trends suggest that we are in the midst of a dramatic transition concerning the integration of older Americans within family life in contemporary society. Indeed, the "generation squeeze" may be one of the most pressing social problems facing American society in the 1980's and 1990's. At the same time, it is important to recognize that families continue to be seen as important to the well-being of aging individuals. Families continue to be viewed as one social arena in which the elderly should be integrated in terms of social support and function. Even in a fast-changing and ever more complex industrialized society, current research suggests the following indicators of familial function:

--Direct caregiving: Families are the primary providers of direct assistance in meeting needs associated with the dependencies of aging such as transportation, assistance in daily living, and housing and economic support.

--Social support: Families give assistance in negotiating changes associated with aging, providing meaning, structure and continuity.

--Psychological support: Families provide input to a continued valuation of the self in old age, give affirmation in terms of social roles and enhance mental health by emotional support and interaction.

Thus the changing context of aging and family relations represents a dilemma for those concerned with America's growing population of elderly individuals. On the one hand, it is assumed that family relations are important in meeting needs and providing emotional support. On the other hand, it appears that social change has altered intergenerational structure and roles, as well as the traditional tasks and responsibilities of families toward kin, suggesting that older models of age-integration are no longer operant.

What are the changes that have taken place within the lifetime of today's older Americans, in terms of family structure, interaction, and expectations? What does current research suggest concerning the family context of contemporary aging? What implications may be drawn from these facts for policy, practice, and research as we attempt to define and implement an age-integrated society?

This report will emphasize that an understanding of demographic configurations and historical contrasts is necessary to assess the contemporary context of family life and aging. Demographic changes have brought about greater problems as well as greater potential for intergenerational family life. Public service agencies and programs can supplement, rather than supplant, family relationships and enhance intergenerational family life. Although economic support of the elderly has shifted from families to the public sector, and older people tend to remain in their households rather than live with offspring, the intergenerational ties of contemporary American families are still usually strong and reciprocal. As many families of older persons confront crises, an equitable degree of age-integration appears unrealized.

A. DEMOGRAPHIC DATA: POPULATIONS, FAMILIES AND AGING

Within the lifetime of today's older Americans, a phenomenal growth in the population of older individuals has occurred. In 1900, 4,901,000 Americans were 60 years of age or older; 70 years later 28,751,000 were in this age group (U.S. Bureau of the Census, 1976). Not only has the number of older Americans increased, but their proportion relative to other age groups also has grown dramatically, from 6.4 percent of the population in 1900 to 14.8 percent today.

There are other demographic changes which have implications for age-integration of families (Treas, 1977; Cherlin, 1981). Much attention has been given recently to the consequences which shifts in the age structure of the United States will have for public policy, as evidenced by the current debate over financing of Social Security (Kreps, 1976). Factors such as change in fertility patterns, labor force participation

rates for women, and social norms regarding responsibility lead to alterations in family processes regarding dependencies in old age.

Fertility Declines and Problems of Aging

Population changes in twentieth-century America have registered three important effects on family intergenerational relations:

o Today's middle-aged offspring is more likely to have an aging parent, than his/her counterpart in previous decades because of longer life spans,

o The aging parent, having raised fewer children, may have fewer descendents to call upon for help than did his own parents;

o Younger adults, who have grown up in smaller families, have fewer brothers and sisters to lend a hand in the support of aging parents.

The number of individuals comprising the older population has grown, because of gradual improvements in health, sanitation, diet and medical services. Though today we take survival into old age for granted, growing old was less commonplace during previous historical periods when mortality rates were higher. In 1900, only 63 percent of women who had survived to age 20 could expert to reach a 60th birthday (Preston, Keyfitz and Schoen, 1972). In 1973, by contrast, mortality schedules indicate that 88 percent of women living to age 20 could expect to reach age 60 (National Center for Health Statistics, 1975). These developments suggest that more middle-aged adults today have living elderly parents than ever before in our history.

Increasingly, an aging parent is very old. In 1930, 29 percent of older Americans were aged 75 or older. By 1975, 38 percent of the old were of these advancing years (U.S. Bureau of the Census, 1976). It is true that today's "old-old" may enjoy greater health and vigor today than in the past but it is also clear that more older Americans are in the age range associated with declining health and capacities. It is these so-called frail elderly who are most dependent on the resources of kin. Such changes in the older population itself may tax the capacities of family members to provide companionship, counsel, services, and financial support to aged kin.

TABLE I

Fertility of Cohorts, Women Age 60-64, 1931-1981*

	1931	1941	1951	1961	1971	1981
Percent of women with no children.	19.8	21.8	20.7	19.7	21.4	13.9
Percent of all women with 4 or more children.	47.1	40.9	35.2	26.5	20.7	25.5
Percent of mothers with 4 or more children.	58.8	52.2	44.4	33.0	26.4	29.6

Source: U.S. Department of H.E.W. Publication No. (HRA) 76-1152, Fertility Tables for Birth Cohorts by Color, United States, 1917-73, Table 7A.

*Based on cumulative birth rates for groups of cohorts.

The proportionate growth of the older population is also startling, and reflects long-term declines in fertility more than increases in longevity (Treas, 1981). Because successive generations of women have had fewer children than did their mothers, the ratio of young to old has decreased. Table I shows the completed fertility of birth cohorts of women ages 60 to 64 in selected years. Between 1931 and 1971, the percent of these older women who had borne four or more children dropped markedly, from 47.1 to 20.7, while the percent childless varied only slightly over the 40-year period. To some extent, declines in fertility have been offset by the survival of those children born. Other evidence, however, points to overall decline in the numbers of children available to parents in later life. For example, widening differential between males and females in mortality is a factor: today a mother has a one-in-four chance of surviving her son (Metropolitan Life, 1977), a figure higher than at any previous time in history.

Consequences of fertility for family life in old age can be predicted in the next few years. The cohort entering old age in 1981 includes parents of the celebrated baby boom.

These women were slightly more likely to have had large families than those of the preceding Depression decade (29.6 percent compared with 26.4). More important, they were less likely to have borne no children at all (13.9 percent versus 21.4 percent). Greater numbers of offspring may represent greater potential for support in later life, but this cohort seems likely to offer only a brief reversal of the trend toward smaller families and fewer descendents in old age (Cherlin, 1981). In fact, the baby boom cohort itself, their children, is registering record low fertility. Another implication of fertility trends in the past 20 years involves siblings. If smaller families mean fewer descendents for the aged, they also mean fewer siblings for the middle-aged. Preston (1976) has emphasized that the average family size of parents is not the same as the average family size of children, because children in big families weigh more heavily in the distribution of sibling numbers. Changes in proportions childless and in the distribution of family size suggest that even baby boom children grew up in smaller families, than did cohorts before them (Preston, 1977). This trend toward fewer brothers and sisters is important, because it suggests that successive generations may have fewer siblings with whom to share the sometimes considerable burden of aging parents. Declining numbers of descendents are a trend in conflict with the longer survival of aging kin. These facts pose questions about the continuing effectiveness of family support systems for the aged.

New demands and dilemmas confront kin today. It is likely that demographic developments have already altered age relations within families. Growing numbers of older persons living apart from kin are a case in point. For example, the percent of women 65 and older who head a household containing no kin has increased dramatically from 18 percent in 1950 to 39 percent in 1975 (U.S. Bureau of the Census, 1976). While Social Security allowances have enabled separate living, Kobrin (1976) points out that the increasing population of older widows has also compromised many social customs of multi-generational residence. There are simply too many older mothers-in-law for offspring to absorb into their homes.

The demographic constraints on family support systems outlined above suggest to some observers a radical shift: "those aspects of housing, recreation, health care, and income maintenance now provided by younger generations to their elderly parents and grandparents will need to be provided by society at large" (Shanas and Hauser, 1974). A less extreme view is that society will have to develop new methods of partnership between informal and formal support systems for the elderly.

B. THE MIDDLE YEARS: NEW OPTIONS AND RESPONSIBILITIES

No account of the constraints on inter-generational relations would be complete without consideration of the changing social

roles of mid-life Americans (Treas and Walther, 1980; Cherin, 1981; Brody, 1980; Silverstone and Hyman, 1976; Hagestad, 1980). New options for men and women have created aspirations and obligations which in turn may compete with duties toward aging kin.

Changes in the social and economic roles of women have been especially striking. Their pertinence to family relations lies in the fact that women have long been the mainstay of family support systems for the aged. A sexual division of labor in the care of older relatives is well documented. Lopata (1973) reports that Chicago area widows found sons helpful in managing funeral arrangements and financial affairs while daughters were praised for fostering close emotional ties through visiting and providing services. The major responsibility for psychological and physical maintenance of the aged has traditionally fallen to female members of the family.

In a recent study of homebound elderly in New York City, the major caregivers were--in rank order--children, spouse, relatives, and friends or neighbors. Of the children providing assistance, 75 percent were women, while other relatives, friends and neighbors giving care were nearly all women. In the case of the spouse, however, the proportion of male and female caregivers were evenly divided; 51% male, 49% female, (Cantor, 1980).

New roles for women leads to questions concerning the continued willingness and ability of women to meet fully and personally the needs of aging relatives. Mature women today are more likely to have married and to have borne children than women of earlier eras. Needs of aging in-laws may conflict with the needs of one's own family.

In addition, paid employment represents another claim upon the time and energy of women. Over half of wives aged 45 to 54 are in the labor force today. This compares with only 11 percent in 1940 (U.S. Bureau of the Census, 1973). Regardless of personal satisfactions in work, most women report that they work primarily because they and their families need the money.

In a New York City study of homebound elderly (Cantor, 1980), 60 percent of children who serve as the major source of care for an elderly parent are working; the time spent in assisting parents is over and above the time spent on the job. The caregivers, mainly women, reported considerable strain as they attempted to balance the conflicting demands of work, their own families and "free time." Work also cuts into the time available to run errands for shut-in kin or to provide nursing care to aging parents.

Although vigorous older people may furnish valuable assistance with household chores, parents needing care can require considerable attention. One study found that two-fifths of offspring caring for elderly parents in their own homes devoted the equivalent of a full-time job to custodial tasks (Newman, 1976).

No one knows how many women might be willing to quit their jobs to care for older relatives. A third of mothers of preschool children are in the labor force (U.S. Bureau of the Census, 1973). If so, many mothers are willing to trust the care of small children to others in order to hold a job; women are probably willing to delegate responsibility for the care of elderly parents, also.

A trend threatening family responsibility for the day-to-day care of older relatives is an emerging social movement for mid-life options. Growing numbers of middle-aged Americans launch second careers, return to college, revive romance in marriage, or vacation abroad. This postparental era is relatively free of personal and financial responsibilities for childrearing as a consequence of the trend toward early childbearing and small families. A growing number of middle-aged Americans, however, must choose between dreams of personal fulfillment deferred to the period after child-caring, and increased demands of aging parents. This dilemma is evident in the fact that offspring of the aged may themselves be older, persons retired persons hoping to enjoy the reward of carefree leisure time.

C. PROBLEMS AND OPPORTUNITIES

Demographic changes have increased the demands on family support systems for the aged. Parents are likely to survive into old age, and a surviving parent is more likely to be very old and in need of family attention. The burden of parental needs has increased because there are fewer siblings to share care and because middle-aged offspring, especially women, confront more competing responsibilities and aspirations in their lives. These developments imply greater difficulties in intergenerational relations, as middle-aged children must marshal resources toward conflicting needs of parents, offspring, and themselves.

Although demographic changes may be viewed as having contributed to gerontological problems in family life, it may also be argued that these changes have made possible inter-generational family life with all its attendant benefits. Demographic changes have eliminated some of the hazardous unpredictability which characterized family life in earlier eras and have increased the span of lifetimes shared by family members. Declining death rates of adults are also seen in declining proportions of children who are orphaned. Estimates by Bane (1976) indicate that almost 11 percent of American children

born at the turn of the century had lost their mother before age 18. For children born 50 years later, the figure was only 3 percent. In part, this decline in orphanhood reflects changes in nuptuality and fertility as well as mortality. By marrying younger, bearing fewer children earlier, and spacing them more closely together, parents today find themselves in the prime of life when the youngest child leaves home. Along with surer survival, a narrowing age gap between generations has permitted more offspring and parents to share overlapping years of vigorous adulthood. Similarly, the grandparent-grandchild relationships benefit from the overlap in lifespans.

If mortality and advanced ages at parenthood have denied the young of their parents' presence, demographic factors have also placed the postparental family outside the grasp of many. Uhlenberg (1976) documents that successive cohorts of women have been more and more likely to follow a "preferred" life cycle--surviving from 15 to 50 immune to spinsterhood, childlessness, widowhood, or divorce. Comparing the 1890-1894 and 1930-1934 birth cohorts, Uhlenberg concludes that the percent experiencing the preferred life course will rise from 42.5 to 64.5 among whites and from 18 to 35 percent among blacks. Early deaths claimed 17 percent of the earlier group of white women versus 5 percent of their successors. For the 1890-1894 group, 8 percent never married, and 18.5 percent married, but bore no children; comparable figures for the 1930-1934 group were only 4.5 and 5.5 percent, respectively. Not only are more recent cohorts more likely to survive past middle years, but they are also more likely to share the second half of life with a surviving spouse and with offspring. Although an older person may average fewer offspring, he/she is more likely to have at least some surviving children. Today's intergenerational relations are unprecedented both in their scope and their predictability. Because generations now count on sharing more of their lifespans, they are in a position to share leisure, love, and aspirations--qualities which are often assumed to be important to mental health. Although demographic changes have occasioned some gerontological problems, they may have increased the affective resources which families may draw upon.

III. HISTORICAL DATA: FILIAL PIETY AS MYTH AND REALITY

Qualitative rather than quantitative changes may be reflected in intergenerational relations today. Many Americans believe that a degeneration of family ties has taken place and that older family members fared much better in earlier eras than they do today. Many assumptions about the relationship of grown children and aging parents have been colored by a patina of historical romanticism (Laslett, 1976). Images of filial piety are suggested by Norman Rockwell paintings of aging kin in the warm embrace of multi-generational households, filling useful social roles and enjoying the love and respect of descendents.

Emerging from the work of contemporary social historians, however, is a picture of the past which challenges our notions of a golden era of cross-age relations (Laslett, 1976). Historical research documents the rarity of three-generation families in earlier times, the instances of bitter family conflict, and the impoverished neglect suffered by some older persons. In addition, comparative data alert us to the extent to which age relations are shaped by social, economic, and demographic considerations.

A. INTERGENERATIONAL HOUSEHOLDS

Considerable evidence indicates that the togetherness of previous generations derived from economic necessity rather than from tender sentiment. What some people today take for a breakdown in family life may merely reflect the fact that affluence permits families to forego intergenerational arrangements which didn't always work to everyone's satisfaction.

Perhaps the most persistent misreading of the past is the widespread belief that three-generation households were once a dominant mode of living arrangements. In his study of eighteenth century Austrian peasants, Berkner (1972) shows that even where multigenerational living was the custom, few households at any one time could contain both married offspring and aging parents; such arrangements existed only briefly during the life cycle of a family, from the time a soon-to-be wed heir took over the farm from his aging father until the parents' deaths.

In the U.S. and much of Western Europe, custom has long dictated that young marrieds set up housekeeping on their own rather than joining the parental household. Similarly, parents typically have maintained separate living arrangements rather than being absorbed in the households of grown children. Apparently, this generational segregation derived from preference. Among those of more limited means, separate domiciles of aged kin typically were maintained. Rather than live with children, the aged couple or widow might take in complete strangers as boarders and lodgers to make ends meet (Anderson, 1971; Modell and Hareven, 1973). They might live as lodgers themselves (Laslett, 1977). At the extreme, they might reside in poorhouses or other institutions, sometimes with kin paying for their keep (Anderson, 1977; Laslett, 1977).

This is not to deny the existence of multigenerational living among the aged in earlier eras, when, in the absence of social insurance programs, kin were an enormous resource against vicissitudes of disability, widowhood, unemployment and old age. However, it is essential to understand that higher death rates limited availability of aged kin and that social custom supported their separate residences. While separate residences have always been preferred, it is true that intergenera-

tional households have been on the decline in the United States in recent decades (Kobrin, 1976). To explain the growing numbers of aged women living alone, many would point to a deterioration of filial obligation. However, a major consideration has doubtless been improved economic circumstances of aged Americans; Social Security has permitted the old to maintain their own homes apart from kin (Lopata, 1977). As Kreps (1977) has observed, income transfers from young to old remain important, but they now occur on a society-wide basis through Social Security and other old age programs.

B. ECONOMIC NECESSITY AND FAMILY CONFLICT

Doubtless, motives based on love and concern have always figured in intergenerational relations, but mounting evidence suggests that the cement binding earlier generations was economic necessity as much as intergenerational affection. Decisions to shelter aging parents may have been based on rational calculation of their costs and contributions to the household. History documents the willingness of offspring to take in an older parent who might be a contributing member of the household; such records also document the reluctance to shelter kin who represented a net liability to the family. Laslett (1977, pp. 51-52) points to nineteenth century English commentators who noted that modest demands and valuable service made the old woman more welcome than the old man as a household member. Accounts from the turn of the century reveal that poorhouse inmates might live with their children in summer, doing field work or providing childcare for a mother in the fields, only to be returned to the institution in the winter (Anderson, 1976, p. 55).

Pensions and poor relief provided to the aged family member raised their importance within families. It may be hard for us today to appreciate the importance of even small sums of money in an earlier time of widespread poverty and subsistence. An Irish farmer in this century voiced the following sentiment about the old-age pension (Arensberg and Kimball, 1968, p.120):

> To have old people in the house is a great blessing in these times because if you have one, it means ten bob a week and, if you have two, it means a pound a week coming into the house. You take a man like O'D____ and every Friday he will go to Corrofin (town) to collect his ten bob and he may buy a couple of bottles of porter, but spends the rest on things for the house and then come home with a few shillings which will go into the common fund.
>
> Not only that but it adds at least ten years to a man's life because the anticipation of each Friday he is to get ten shillings will cheer him up and keep him keen. Any house which has one old person is well off in the last few years, and if there are two, it is a great blessing.

Frequently, parents transferred property to children in exchange for support in old age. It seems that even then intergenerational affection was not seen as sufficient guarantee of parental support, as legal contracts between generations were often invoked (Arensberg and Kimball, 1968; Berkner, 1972; Demos, 1973; Homans, 1942).

In one study of nineteenth century farming families in Andover, Massachusetts, Greven (1972) details one way in which aging fathers perpetuated control of grown sons. Although a son might marry and settle on family land, a father retained the property deed until his death. Lacking clear title to sell the land, offspring couldn't leave Andover without parental approval. Even the last will and testament which transferred land ownership might bind the heir to his filial responsibility, since wills typically stipulated the conditions for support of the the surviving parent. Parental control of potential heirs was insured by the ultimate threat, disinheritance.

Conflicts can be expected to mark social relations imposed by economic necessity rather than by voluntary choice. Many historical accounts attest to this. Intergenerational relations that may have existed in earlier times do not support the ideal against which we often judge contemporary family affections and behavior. Historical evidence challenges the notion that age relations have ever been completely free of conflict and calculating self-interest. It would appear that social, demographic and economic change have permitted an unprecedented level of intergenerational contact today. At the same time, rising affluence has made intergenerational interaction more voluntary, less compulsory. A new cultural context has posed some new problems in age relations, while social and technological change has alleviated some traditional barriers to a satisfying family life in old age.

IV. SOCIOLOGICAL DATA: CONTEMPORARY PATTERNS OF INTERGENERATIONAL SOLIDARITY

It appears clear that many Americans believe that family life has significantly changed and that the position of elderly members is being jeopardized by these changes--despite historical evidence to the contrary. There are other commonly accepted beliefs which may be questioned in light of contemporary data from family sociology (Shanas, 1979; Bengtson and Treas, 1980).

One common belief is that most older people today live alone, apart from families. A second is that most older people do not have frequent contact with offspring because of frequent geographic mobility and the general weakening of family ties. A third concern involves the existence of the "generation gap," the perception that there are serious strains in family ties between generations. A fourth notion is that older persons are primarily recipients in intergenerational exchanges, receiving more than they give.

Each of these beliefs is a commentary on popular perceptions of contemporary family relations and of the wellbeing of today's elderly family members. Are they myths or are they accurate generalizations? How can one characterize the intricate bonds of connectedness and the tensions between generations? What are the relevant concepts, variables, and perspectives that inform answers to these questions?

In examining these issues, it is useful to begin with one of the more basic observations of classical social analysis. An important determinant of the process and product of any human group is the solidarity or cohesiveness among individual members. The family, of course, is a special type of small group, so there is considerable interest in the extent to which family members like each other, do things with each other, and agree with one another. These dimensions of cohesiveness have significant implications for the individuals who comprise a family. A useful term to describe the parent-child dyad as it develops and changes through time is solidarity, a concept drawing from the works of the earliest sociologists down to the present (Bengtson and Schrader, 1981).

Intergenerational solidarity can be conceptualized as comprised of several elements: association ("objective" interaction or shared interactions); affect ("subjective" interaction, the degree of sentiment between members); and consensus (agreement in values or opinions). These concepts serve as a way to organize the emerging literature concerning intergenerational relations involving older family members (see Bengtson, Olander and Haddad, 1976).

Family solidarity, particularly with reference to implications for psychological well-being can be examined in terms of five dimensions implicit in the aforementioned beliefs about the family life of the aged:

(a) the structure of the family: number of individuals in each generation; their geographic proximity; the household's composition;

(b) interaction between family members: the frequency and type of shared activities;

(c) affect between members: the negative or positive sentiment, and mixtures thereof, with which family members regard each other;

(d) exchanges of assistance and support;

(e) norms regarding family life, expectations or prescriptions regarding what should be the case in relations among members of that family.

Contemporary patterns of intergenerational family solidarity can be assessed in a variety of ways. Census tabulations provide evidence concerning family structure and household composition. Large-sample survey data present information concerning interaction, affect, and norms or expectations within families. Legal data provide insight into rewards and punishments between generations. These patterns will be reviewed in this report as they reflect dimensions of intergenerational solidarity.

A. FAMILY STRUCTURE AND HOUSEHOLD COMPOSITION

The first dimension of solidarity involves the structure and composition of the group: In previous sections some demographic trends were documented which have implications for family structure and composition. These include gradual increases in life expectancy through this century (resulting in large numbers of aged individuals) and reduced fertility, (resulting in fewer family members per successive generation). The implication of these trends for the family structure of aging individuals becomes clearer upon examination of data on marital status, household composition, and presence of children, all of which reflect the potential primary group support system for older people.

Marital status is one characteristic of family structure reflecting horizontal dimensions of family composition. Table 2 shows trends from 1890 to 1970 in the marital status of individuals age 65 and over. For males and females combined, there has been a slight increase in the proportion reporting themselves never married (from 5.6 percent to 7.9 percent) or divorced (0.3 percent to 3.1 percent). On the other hand, the proportion widowed has decreased slightly (40.6 percent to 37.5 percent). Due to these offsetting trends, the proportion married has remained about the same (50.8 percent to 51.5 percent) in the past 80 years.

There are, however, striking differences by sex in marital status for Americans over age 65. In 1970, females were half as likely to be currently married (36.5 percent compared to 72.4 percent) and three times as likely to be widowed (52.2 percent to 17.1 percent). These figures reflect the tendency for men to marry women younger than themselves, as well as greater longevity for females than males. With remarriage rates much lower for older women than for older men (Treas and VanHilst, 1976), the prospect is for greater numbers of older women without spouses in the next several decades. This will be true particularly for those individuals above the age of 75.

Table 2
Marital Status by Sex for Persons 65 and Over

Marital Status and Sex	1890	1900	1910	1920	1930	1940	1950	1960	1970
A. Total Population									
Never Married	5.6	5.8	6.3	7.2	8.3	9.6	8.6	8.2	7.9
Married	53.3	50.8	50.4	49.4	49.2	48.7	49.7	52.4	51.5
Spouse present							46.6	49.2	48.3
Spouse absent							3.0	3.2	3.2
Widowed	40.6	42.7	42.5	42.6	41.5	40.7	40.3	37.3	37.5
Divorced	0.3	0.4	0.5	0.6	0.8	1.0	1.5	2.2	3.1
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
B. Males 65 and Over									
Never Married	5.6	5.7	6.2	7.3	8.8	9.8	8.3	7.7	7.5
Married	70.5	67.1	65.6	64.7	63.2	63.8	65.5	70.7	72.4
Spouse present							61.9	66.8	68.3
Spouse absent							3.6	3.9	4.1
Widowed	23.3	26.4	27.1	26.9	26.2	25.1	24.3	19.2	17.1
Divorced	0.4	0.5	0.7	0.8	1.1	1.3	1.9	2.3	3.0
TOTAL									
C. Females 65 and Over									
Never Married	5.6	6.0	6.3	7.1	8.4	9.3	8.9	8.5	8.1
Married	35.4	34.2	35.0	33.9	34.7	34.3	35.6	37.3	36.5
Spouse present							33.2	34.6	33.9
Spouse absent							2.5	2.7	2.6
Widowed	58.6	59.3	58.1	58.4	56.0	55.6	54.4	52.1	52.2
Divorced	0.3	0.3	0.4	0.4	0.6	0.7	1.1	2.0	3.2
TOTAL									

Differences in marital status are reflected in differences in living arrangements (Table 3). In 1975, almost half (47.3 percent) of noninstitutionalized white females over age 75 lived as "primary individuals" with no relatives in the household. For white males the same age, the proportion was only 21 percent; for black males 11.3 percent. In the younger 65 to 74-year-old age group, there were only slightly less marked sex contrasts.

TABLE 3:

Marital Status and Living Arrangements of Noninstitutionalized Older Americans

Age, Sex and Race: 1975

Living Arrangement	Males		Females	
Age 65-74	White	Black	White	Black
In Families[a]	85.5	62.3	64.0	64.1
Primary Individual	12.2	22.4	35.0	34.3
Others[b]	0.4	5.3	1.1	1.6
TOTAL	100.0	100.0	100.0	100.0
Age 75 and Over				
In Families[a]	78.3	74.8	51.2	57.3
Primary Individual	21.0	11.3	47.3	39.6
Others[b]	0.7	13.9	1.5	3.1
TOTAL[c]	100.0	100.0	100.0	100.0

[a] Includes those in secondary families--lodgers, resident employers and their relatives living in a household.

[b] Includes lodgers, guests or resident employers with no relations in the household.

[c] Totals may not be equal 100.0 due to rounding.

Source: U.S. Bureau of the Census Current Population Reports, March, 1975.

Population Characteristics: Marital Status and Living Arrangements, Table 2.

The trend toward living alone has increased in the past 25 years (Table 4). In 1950, 10.3 percent of males and 18.1 percent of females lived as "primary individuals"; in 1975, the proportions increased to 15.4 and 39.4 percent, respectively. It is likely that this increase will continue. While these data suggest that women are increasingly more likely to live alone than are their male counterparts, it should be emphasized that families are the most common living arrangement regardless of age, sex or race. Usually such "families" consist only of an aged man and wife. As data on marital status indicate, the companionship of marriage is a tenuous link in family life which is often broken by the death of one partner. For this reason, intergenerational linkages between older and younger family members are of special concern.

TABLE 4

Primary Individuals by Sex
(Total Population 65+)

	1950	1960	1970	1975
Male Primary Individual	10.3	12.7	15.6	15.4
Female Primary Individual	18.1	25.4	33.4	39.4

Prior to 1950 "primary individual" was not a separate category --- they were included with Head of Private Household.

1950 U.S. Bureau of Census: 1950 Population Special Report PE No. 20 "Marital Status" Table 1.

1960 U.S. Bureau of Census: 1960 Final Report. Subject Reports PC (2)-4B "Persons by Family Characteristics" Table 2.

1970 U.S. Bureau of Census: 1970 Census of Population. Subject Reports PC (2)-4B "Persons by Family Characteristics", Table 2.

1975 U.S. Bureau of Census: Current Population Reports: Population.

It appears that most older people prefer to live in their own homes and maintain independent residential arrangements (Laslett, 1976; Lopata, 1971; 1973; Townsend, 1968; Troll, 1970). But "living apart from each other" does not mean living very far from each other. Data from a 1962 three-nation survey of older people and their families (Shanas, Townsend, Wedderburn, Friis, Mihaj and Stehouwer, 1968) indicates 33 percent of older Americans lived within 10 minutes of a child; while 23 percent lived more than 30 minutes distance from their children.

Recent surveys in metropolitan areas reveal similar patterns of living arrangements and preference, but with significant differences among ethnic groups. A Los Angeles area study of blacks, Mexican Americans and Anglos (Bengtson and Manuel, 1976) found that in a group of persons 62 and older, larger numbers of Mexican American respondents lived with children (46 percent compared to 18 percent of blacks and 13 percent of Anglos). There were also striking ethnic group contrasts in terms of housing preference: when asked, "Would you prefer to live with your children or in a separate residence?", 72 percent of the Mexican Americans replied "separate residence," compared with 83 percent of the blacks and 98 percent of the Anglos. Similar findings resulted from Cantor's (1975) New York ethnic survey.

The preference for private living arrangements is not unique to the old. The young have moved increasingly out of parental homes to bachelor quarters. The old are quick to point out the drawbacks of intergenerational living. The widows surveyed by Lopata (1973) gave as the reasons they did not choose to live with offspring demands of babysitting, differences in lifestyle and desire to be the boss in one's own kitchen. Given these findings, it is not surprising that the aged who reside with their children are apt to be persons with high needs, limited personal resources, and few options. The children with whom they reside tend to be daughters, not sons.

B. ASSOCIATIONAL SOLIDARITY BETWEEN GENERATIONS

A second dimension of family solidarity involves the activities which characterize interaction between members. The popular stereotype depicts older family members as having infrequent contact with children due to geographic mobility and gradual weakening of family ties. While it is true that few aging parents today share living quarters with offspring, this does not imply infrequent interaction.

Survey data suggests a high degree of interaction between generations in contemporary families. In the three-nation survey conducted in 1962, only one in ten older Americans with surviving children reported he/she had <u>not</u> seen one of

his/her children within the past 30 days. In the American sample who lived apart from their children, 52 percent said they had seen one of their children today or yesterday (Shanas et al., 1968, p. 197).

These findings are typical of other studies. In the 1974 Los Angeles community survey, interaction with children during the past day was reported by 56 percent of the Mexican Americans, 40 percent of the Anglos and 33 percent of the blacks (Bengtson and Manuel, 1976). In New York, a cross-ethnic survey found even higher contact (Cantor, 1975): half saw their children at least once a week, and two-thirds at least monthly.

Sussman (1965, 1976, 1977) has argued that such data indicate the persistence of an extended family kinship structure which has special salience for the elderly. In the face of rapid social and technological change with high geographic mobility, the kinship structure provides many supports to its members. The ongoing contact between adult children and parents, sharing of social activities, and exchange of material and nonmaterial aid reflect what Litwak (1960) has called the "modified extended family." However, Lopata (1980) found that such exchanges are primarily limited to parent-child relations.

Differentials exist in the kind and nature of intergenerational contact. Sex is one such differentiating characteristic. For example, married daughters tend to have closer ties to parents than do married sons (Sussman, 1965, p. 82). This is particularly true for widowed mothers (Lopata, 1979), who see daughters as providers of emotional closeness and comfort, and sons as more task-oriented (and less frequent) supporters. Middle-aged daughters have been identified as the more salient "kin-keepers" in terms of both type and frequency of contact by a number of researchers (Adams, 1968; Hill, Foote, Carlson and MacDonald, 1970; Shanas, 1962).

Marital status is a second characteristic differentiating the kind and nature of intergenerational contact. Widows are more dependent on kin than are the married aged for example. Unmarried offspring also maintain closer ties to aging parents, being more likely to share housing with the older generation than are married children.

Social class represents a third characteristic affecting contact. Hill et al. (1970) found that working class men engaged in more intergenerational contact than did white-collar males. Adams (1968) noted that occupational stratum of the parent affected patterns of contact; upwardly-mobile males appeared the most likely to give tangible aid to working class parents. Downward mobility has the effect of decreasing contact with kin, while upward mobility may increase contact

(Schoenholz, 1978). Cantor (1975) found that the lower the social class, the greater the extent of supportive relationships, as measured by frequency of interaction and the amount of help given and received by the elderly; as social class rises, nuclear families in a kinship network maintain greater distance between themselves resulting in elderly parents being less involved on a day-to-day basis with their adult children. Assistance and intervention is given in times of illness and crisis by the higher socioeconomic groups but socialization with peers, rather than with children, is expected to fill the void of a more intensive parent-child interaction.

Ethnicity is a fourth differentiating characteristic in family contact. Cantor's (1975) cross-ethnic survey of New York's elderly found that Hispanic elderly interact with their children and report a significantly greater sense of closeness with children. Black and white elderly, by contrast, had similar levels of solidarity and interaction except in one area. Blacks, like Spanish tend to give more help to children than do white elderly, probably a correlate of the greater need on the part of offspring. This greater sharing of more limited economic and social resources on the part of Black and Spanish elderly suggests adaptation to the pressures of poverty and unemployment within a functional family system.

It is important to examine the type, as well as the frequency, of association or interaction between the aged and their children. Several suggestions concerning association solidarity involving members of three generation family lineages were examined (Bengtson, 1975). Reports from both the elderly and middle-aged concerning the nature and frequency of intergenerational action yielded three dimensions of interaction or "objective solidarity" (Bengtson and Black, 1973): informal activities (recreation, conversation, talking about important matters), ceremonial or family ritual activities (large and small family gatherings, reunions, birthdays) and exchange of assistance (helping and being helped). Lopata (1979) reports involvement of adult children in 65 separate supports, organized into economic, service, social, and emotional systems.

In Bengtson's (1975) study, both generations reported relatively high levels of all types of activities. No significant general differences appeared between the reports of the middle-aged and the elderly in the perception of frequency of contact although one specific difference concerned the giving and receiving of help. When estimating the amount of help given by the middle-aged child, the child himself reported giving less help to the children than the children reported receiving. The old tend to downplay the practical exchanges between generations; they tend to emphasize the affectual or sentimental aspects of family life.

C. AFFECTUAL SOLIDARITY BETWEEN GENERATIONS

The third major dimension of parent-child relations across the lifespan concerns judgments of the quality of interaction. Often this is referred to as "closeness" or "warmth"; affectual solidarity may be defined as "mutual positive sentiment among group members and their expressions of love, respect, appreciation, and recognition of others" (Bengtson and Black, 1973). Many studies indicate a high degree of contact or shared activities between middle-aged children and their aged parents. Less research has been carried out on the affectual dimensions of contact, and their quality for the participating generations (Bengtson et al., 1976).

Popular stereotypes hold that there is a "generation gap" with differences between generations leading to feelings of conflict and distance, but this stereotype may be unfounded. In the Lopata study (1979), Chicago area widows were questioned as to whom they feel closest to, whom they most enjoy being with, to whom they tell problems, who comforts them when they are depressed and who makes them feel important. The main contribution to emotional supports were adult children, friends, and new husbands in cases of remarriage.

It appears that the problem of the generation "gap" impinges on contemporary older individuals in two ways (Bengtson, 1971). First is evidence of differences between the behaviors and standards of the aged individual's own peers and those of younger age groups or cohorts. These contrasts can be attributed to differences in levels of maturation (aging) and to contrasts in historical experience. Within his or her own family, the aging individual may see the currents of change and conflict of the broader society as impinging on him personally, or as questioning lifelong principles that have governed his behavior. Such family differences may be termed a "lineage gap" (Bengtson and Treas, 1980).

At a higher level of abstraction, these sets of life changes taken together can be said to give each generation a different developmental stake in the other (Bengtson and Kuypers, 1971). Parents and children have an investment ("stake") in their relationship which varies according to how the relationship enables the attainment of personal goals.

Research suggests that there are high levels of sentiment or liking expressed between aged parents and their middle-aged children (Brody, 1977; Bengtson and Treas, 1980; Bengtson and deTerre, 1980). Summarizing two dimensions of solidarity, it appears that elderly parents report higher levels of subjective solidarity (affect) while middle-aged children report higher levels of both giving and receiving help (objective solidarity). This is consistent with the developmental stake concept which implies that each member of the dyad has a dif-

ferent emotional investment which colors perception of the relationship. While the elderly report higher levels of affection, they minimize the amount of assistance or exchange of services. This is congruent with their greater "stake" in the relationship, in which the dimension of affect or sentiment is more important than the instrumental dimension of assistance or help.

D. EXCHANGES OF ASSISTANCE AND SUPPORT BETWEEN GENERATIONS

A fourth dimension of intergenerational solidarity, the exchange of assistance and support between older persons and their children, has been a topic of much research on intergenerational relations (Adams, 1968; Brody, 1980; Brody and Brody, 1980; Cantor, 1975, 1980; Hill et al., 1970; Kreps, 1965; Lopata, 1973, 1979; Rosow, 1969; Townsend, 1968; Troll, 1970). In an earlier review, Sussman (1965) summarized empirical data on mutual aid noting a tendency for families to turn to kin rather than to outside agencies in times of trouble (p. 70). He depicted routine day-to-day exchange of services (i.e., shopping, child care, provision of shelter) as well as financial help. The pattern of financial aid described was usually from parents to children, especially during the early years of the child's marriage (p. 69). Lopata (1979) separated financial and service supports and reports that widows consider themselves recipients more frequently than givers of such supports. Siblings rarely appeared in these support systems, and there is a marked sex-segregation in the supports involving sons compared to daughters.

In their-three generation study, Hill et al. (1970) found that in a crisis situation, all three generations saw kin as their preferred source of assistance (p. 69). Exchange of help within these three generations was greater than all other sources of help, including that from more distant kin and from outside agencies. Over a one-year period, 65 percent of help received by grandparents was familial; for the parent generation, 53 percent was familial and for the married child generation, 44 percent was familial (p. 66).

Cantor's (1975, 1979) study of the elderly in New York City found a similar emphasis on the importance of family as a source of social supports. Kin are generally seen as the most appropriate source of social support regardless of task, followed next by friends and neighbors and lastly by formal organizations. Labeling this "the hierarchical-compensatory model of support," Cantor found that when the initially preferred element is absent (i.e., children), other groups may act in a compensatory manner as a replacement. Thus, for those without family or isolated elderly, friends and neighbors may assume the "familial role" (Cantor, 1979).

Patterns of mutual aid were the second most frequent activity between generations in Adams' study. Sex and occupational status influenced exchanges of help. In a study done by Rosow social class of the parents influenced the type of help received. Middle class parents tended to receive moral support and working class parents were the recipients of slightly more material help. The most powerful predictor affecting whether or not children do aid their parents is the gender of the nearest child; this factor is even more salient than social class. Lopata's studies revealed that sex, birth order, and age of children were important variables (1973, 1979). Among New York City elderly, Cantor (1975) found that the amount of help parents receive from children is positively related to age and income levels--suggesting that, as older people become more vulnerable, children respond with more of the needed assistance.

The fourth frequently-assumed belief about family life of older people is that elders are primarily dependent recipients of intergenerational exchanges. This is not supported by contemporary data. In the three-nation study of Shanas et al (1968) three-fifths of older Americans reported they received help from their children while over half reported they gave help. A 1974 Harris poll reports similar results, as do data from the Southern California study of generations (Bengtson, 1979).

A 1969 survey of Americans ages 58 to 63 (Murray, 1976) provides data on intergenerational support. For respondents with parents alive, many reported sharing a household with the elderly or furnishing other support. Although 27 percent of married men and 22 percent of their wives shared with the aged, fully 54 percent of men and 43 percent of women without spouses did so. These figures may be compared with those for respondents with living children. Thirty-five percent of married persons, 25 percent of single men and 10 percent of single women provided total or partial support to the younger generation.

To summarize, those on the threshold of old age are "givers." They make few financial claims on offspring; the percent receiving contributions from children varies from only 2 percent of couples to 13 percent of single women. While these findings are suggestive, more remains to be known about the accuracy of data on financial transfers between households. Also under-studied is the way in which family income is allocated within households to elderly kin and others (Moon, 1977).

E. NORMS AND INTERGENERATIONAL TRANSFERS

A fifth dimension of solidarity within families concerns norms, the expectations and obligations one generation holds for the other. Though there are many general norms, each

shaped by the context of subcultural influences and circumstances surrounding a particular family, this report will examine the specific norm of inheritance as illustrating the changing context of intergenerational exchange and control.

A frequent observation is that filial piety, or concern for an aging family member, is motivated by sanction of economic reward through monetary legacy. Age relations in a society may be characterized as a system of exchanges in which the old have declining resources to secure the compliance of others (Dowd, 1975). Utilizing this theory the question can be raised whether recent social changes have strengthened or weakened the aged's position in bargaining with other generations and second whether, in other historical periods, control of inheritance enabled the propertied old to dominate the lives of grown children, Currently, social change has reduced economic clout which parents might exercise over adult offspring. Today material legacies figure less prominently in offsprings' financial success and security. Occupational success hinges largely on educational credentials (Blau and Duncan, 1967). When parents are old, they have no way of revoking investments in their children's schooling, even if they might wish to do so. Grown children in established careers and independent lives can resist financial threats or inducements their parents might be able to muster. Although financial significance of inheritance has declined, its symbolic salience remains intact. Recent research (Rosenfeld, 1974, 1980; Sussman, Cates and Smith, 1970) documents the contemporary practice of writing wills which has the effect of public and final judgment on parent-child relations. Disinheritance, or a special consideration shown a favored child, may generate extreme hostility among survivors. As Rosenfeld (1974) reports, the symbolic bequest, such as the treasured memento or family heirloom cherished as signs of special intimacy. Inheritance now embodies norms of emotional ties which have supplanted economic bonds or sanctions between family members. Other historical changes have reduced aging parents' dependency on grown children. While financial support of the old once rested largely with younger family members, today this generational burden is institutionalized through social security systems (Kreps, 1977). With governmental transfers, the elderly can count on a minimal standard of living regardless of the warmth of their own family relationships, a fact limiting the control which kin can exercise over the aged (Sussman, 1977). An additional fact of social change is the revolution in communication technology which has marked this century (Black and Bengtson, 1977). Universal literacy, the development of reliable and inexpensive postal service, the telephone and family automobile, expansion of the highway system, and discount air fare have all made kin accessible in a way unheard of in earlier generations. In fact, kin are today accessible in an unprecedented way.

Current research suggests that four frequently expressed beliefs about contemporary family life are misconceptions. Most older individuals do not live alone, isolated from their families; they do tend to have frequent contact with at least one child. Relations between generations appear warm and close; the older individual is frequently the donor, as well as the recipient, of intergenerational exchanges of assistance and support. Norms of filial piety are not the result of fears concerning economic sanctions through disinheritance. These findings suggest that many stereotypes about the decline or intergenerational solidarity in modern society are unfounded.

F. BURDENS AND STRESSES: OLDER FAMILIES IN TROUBLE

It would be incorrect to gloss over the fact that some families of older individuals are in need of external support, or are unable or unwilling to provide the aged individual with needed resources. Current research suggests that family crises involving dependency of a previously healthy, active older member are to be expected--he or she has only to live long enough (Lopata, 1979, Cantor, 1975 and 1980, Brody, 1978 and 1980, and Silverstone, 1980). Recent analysis by Bengtson and Kuypers (1980) of the family breakdown cycle in old age suggests that severe stresses await families coping with normal losses and transitions of aging. Four additional factors are of importance for the social context of aging individuals.

As it relates to adequate policy responses, most surveys report the existence of socially isolated aged individuals--widowed and without children. For example, Lopata (1979) reports that some of Chicago area widows interviewed do not even know where one child is living, having lost contact years before. The less educated, lower socioeconomic class woman is more restricted in her life space in widowhood. In this group the average contact with all children was less than once a week (Lopata, 1979: 187), a figure much lower than non-widowed respondents in other surveys. Over 15 percent of inner-city elderly in Cantor's (1975) survey were without kin they had contact with, and thus "family-less."

Subcultural and ethnic differentials are increasingly important to recognize in America's pluralistic society. Osaka (1979) has documented both the strengths and strains among Japanese-American families adjusting to old age. Bengtson and Burton (1981) note factors leading to greater vulnerability of mental health among today's Black aged. Cantor (1980) notes the link between family tensions and mental health problems among the Hispanic elderly. Where minority status reflects cultural marginality, the problem-of intergenerational conflict--especially with regard to norms concerning caretaking of the aged--may be especially severe.

Conflict between adult children and aged parents may have a long history in some families, going back to childhood and adolescence (Bengtson and Kuypers, 1980) resulting in a situation where crises involving the older member's frailty may be impossible to resolve. More dramatic is the problem of adult abuse, often crassly termed "Granny bashing." Physical and/or emotional harm inflicted on older family members is increasingly reported in the mass media and by researchers studying violence in the family (Steinmetz and Strauss, 1978; Johnson, 1980).

An additional area of concern is documentation on the burdens and stresses families deal with when providing care to frail elders. The existing research on family caregiving leads to the following sobering conclusion: although the provision of care by families to impaired members is extensive, such care may produce serious negative consequences to the individuals involved--of whatever generation. In a longitudinal study of family burden for mentally impaired aged relatives, Hoenig and Hamilton (1966) found that 66 percent of the families reported adverse effects on the household as a result of the patient's illness. Chief among these were disruption of family routine and physical strain. Moreover, 72 percent of the impaired aged in this study demonstrated some type of disturbing behavior which caused additional family problems. The most burdensome problems reported by the families were providing physical or nursing care, followed by the patient's excessive demands for companionship.

Sanford's research (1975) was conducted on families of elderly persons who resided in hospital geriatric units in London. The purpose was to establish which problems encountered by the family prevented them from accepting the older person back into their homes. The member who had been the elder's primary caregiver prior to hospital admission was interviewed. The reported problems were classified into three major areas. The most troublesome problem area was the behavior patterns of the elder. Family caregivers experience stresses resulting from the problem of caregiving that exceed the norm for most families. Sanford also notes a failure in research to consider caregiver problems which handicaps efforts to assist this group.

Isaacs, et al., (1971) investigated the reasons behind the admission of 280 elders into a British geriatric unit from their homes. In half of these cases, relatives who cared for the aged person had experienced strain to the extent that their physical or mental health was threatened, and this excessive strain on family members was the primary reason for admission in a third of these cases. The excessive strain group frequently contained elders with three symptoms: incontinence, immobility, and mental abnormality. Of these three the most burdensome problem for family members to bear was

mental abnormality. This finding was also supported by Hoening and Hamilton (1966) who characterized elders whose care produced excessive strain in relatives as having advanced disease, extensive disablements, and making heavy demands upon relatives. In this study, many of these elders were at the terminal stage of their illness at the time of hospital admission.

The findings of Isaacs and his colleagues that pertain to factors contributing to excessive strain on family members are strikingly similar to those reported by Sanford. These factors are: the elder's symptoms and behavior; limitations and stressful effects on caregiving on the family caregiver; and environmental and social factors that impede caregiving. In contrast, however, Isaacs, et al., identified excessive demands and irritability of the elder as a major source of strain on the family caregiver.

The review of studies of mental disturbance in the aged relative suggests stress-producing factors for other family members. The research of Sainsbury and Grad deAlarcon (1970) indicates that the mental health of other family members may be affected by the elder's psychiatric disorder. Their study of 119 families with an impaired elderly relative showed that 63 percent of families showed moderate to severe effects on family, mental health related to worry, or concern about the elder's behavior.

A cross-national study of dependent aged in Great Britain and the United States (Gurland, et al., 1973) found that increasing severity of depression in a resident elderly family member corresponded to increasing severity of depression among family members. In addition, some case studies found that families, when exposed to the continuum of chronic stress regarding a severely ill parent, pursued a pattern of behavior that reestablished family splits and alignments which predated the illness of the parent (Miller, 1969). Savitsky and Sharkey (1972) and Simos (1973) make note of the same phenomenon. When a crisis brings aged parents and adult children together, the childrens' capacity to accept dependency in their parent is tested as is the aged parent's capacity to handle feelings of dependency upon their children (Bengtson and Kuypers, 1980).

Silverstone (1976, 1978) reports that knowledge of care-giving effects on American aged and their families is limited and tends to be one-sided. Younger caregivers are viewed as experiencing the only problems in the caregiving process. Furthermore, the family caregiving literature appears to generally assume that impaired aged persons expect, and react positively to assistance from their families, although the aged's expectations may be higher than the family's capacity to respond. Research has failed to investigate the possible range of reactions by the aged themselves to their family members'

assistance. In a conceptual paper, Arling, et al., (1978) suggests that family care giving may have negative effects on the elderly under certain conditions. Despite the benevolent intentions of kin, they may unwittingly take an excessive responsibility for the impaired aged person's care and deprive the person of potential opportunities to behave as independently as possible or to have some measure of control over daily functioning. In these situations, the older person is placed in a helpless position vis-a-vis his family members which may relate to the high prevalence of depression among physically incapacitated elderly. This literature documents a serious gap in our knowledge of the process in which families deal with the caregiving problem, i.e., how the elderly themselves respond to the stresses of the dependent role.

In summary, contemporary intergenerational family life among America's aged reflects a diverse picture of strengths and weaknesses, support and problems. While most of today's elderly are not isolated or abandoned by their families in a fast-changing social context, many feel vulnerable to the changes of aging and to the overtaxed resources of multigenerational family units. For these elderly Americans and their families, and for the smaller but more desperate minority experiencing neglect or outright abuse at the hands of overwrought or indifferent children, it is crucial that more comprehensive and humane social policy be enacted.

IV. POLICY PERSPECTIVES: CONSTRAINING AND FACILITATING THE FAMILY's FUNCTIONS

The extension of life to include four and five generations in the family, women entering the labor force in increasing numbers, and the tension between values of filial piety and intergenerational independence are examples of contemporary demographic and social trends impinging on today's American family. Such trends point to the need for a broad range of social policies to meet changing family patterns in the last two decades of the 20th Century.

Analysis of the evolution of public policies aimed at enhancing the family's function points to some curious contradictions. Many forms of help with young children have been taken for granted: nursery schools, babysitters, school lunch programs. Yet attitudes about providing services to help families with their old are often sanctimonious and judgmental (Brody, 1980). The question is, at what point does the public and professional expectation of "filial responsibility" become social irresponsibility? Most other industrialized nations provide services which are supportive to family caregiving of older people. Gibson's (1980) analysis of policy patterns internationally notes that "these nations have moved beyond the rhetoric of family support" to implement a wide variety of programs institutionalized in

collective public policy. The question is, why is there such a lag between needs and family-oriented programs in contemporary American society?

A long inventory can be cited of programs which have been suggested and, in some cases, implemented to meet the special needs of families which include a dependent or impaired older person (Brody, 1978, 1980; Lang and Brody, 1980; Cantor, 1977, 1980; Lopata and Brehm, 1981, Silverstone, 1978). Among these are: (1) in-home services such as homemaker and personal care; (2) service-supported living arrangements and quality institutions for older people that need not be regarded with fear and anxiety; (3) financial supports, such as family allowances to help defray parent-care costs; (4) reimbursement for day care (which is now regionally uneven because it is not reimbursable in some states); (5) respite care.

Gibson's (1980) analysis of policy patterns in other industrialized nations points to the actual experience of implementation in many other countries. Practically all industrialized nations except the United States and Canada provide financial "constant attendance allowance" on behalf of those who need care at home. Home-help and home-health services are widely available (for example, 923 home-help aides per 100,000 population in Sweden, as compared to 29 per 100,000 in the U.S.A.). Some nations have implemented innovative housing assistance provisions (loans or grants to remodel an extra room for an old person in Japan, "Granny flats" in the UK and Australia). Direct payment to family caregivers is available in Sweden; evening and weekend home help aides and nurses are provided in Denmark; district nurses are available on a 24-hour basis in the Netherlands.

By contrast, past policies in the United States have in effect constrained the family's functioning in caring for older members and exacerbated problems resulting from demographic and social changes. Among such unintended consequences of previous policy are the following:

1. The Social Security cutoff of family maximum benefits for families with more than two children. Refusal to help widows obtain retraining and job opportunities if they have no dependent children in their care and are too young for retirement benefits results in their being left both poor and angry (Lopata and Brehm, 1981).

2. Age-segregated housing, effected by building facilities mandated for seniors alone, which makes contact with peers easier but intergenerational contact more difficult.

3. Inheritance laws which do not give credit to the wife as a contributor to the two-person family career. Farm wives

"inherit" the property of their spouse, as if it were not their own, ignoring the fact that they helped make it valuable; the result is that they have to pay taxes. Relations with offspring can be deleteriously affected by such inheritance policies.

4. Filial obligation provisions for Medicaid and the insistence that children be responsible for medical care payment.

As long as social policy in the United States continues to give only lip service to family policy that would help the elderly--as well as their primary caretakers, spouses and "women in the middle"--all generations are at risk with health and well-being interlocked. Given the time and complexities involved in developing new programs, it is hardly likely that policy will overshoot the mark and create a surplus of services. The hour is late; we are in the midst of demographic and social changes making the position of the elderly even more in jeopardy. We do not know what effect on parent care will result from the current increase in single-parent families, from later ages at which women are having children, from an increase in non-married couples, and from rising rates of divorce and remarriage. We must develop more adequate policy to deal with increasingly overtaxed family resources in caring for dependent elderly.

VI. RECOMMENDATIONS

A. There are a number of laws and public policies that are detrimental to the welfare of elderly people and should be reexamined and modified by the United States Congress or appropriate agencies.

These include:

1. Inheritance laws which neglect the contributions of work by the spouse, especially the wife (farm, home, etc.).

2. Laws "deeming" family responsibility for the economic support of the elderly.

3. Laws holding adult children responsible for the medical bills incurred by elderly parents.

4. Social Security policies, including:

   (a) the 1/3 reduction in SSI when the old person shares a dwelling unit,

   (b) the reduction in benefits when family members make contributions to the elderly,

(c) the assets test for SSI,

(d) the failure to provide support and funds for job training in early months of widowhood to women ineligible for benefits because of the absence of dependent children; the removal of benefits when children grow up, or age ineligibility.

B. Positive policies which could be instituted by federal and state governments can include allocation of funds for:

1. Research and demonstration project grants, focusing on minority and dominant group families as basic units for support systems in combination with community resources, to determine which factors and which combinations best meet the needs of different types of the elderly (frail, able, contributive to community, etc),

2. Credits, abatement, or allowances, etc., to include:
   a) Income tax credits for helping,
   b) Increased allowance for families to retard transfer to nursing home,
   c) Real estate tax abatement, or family allowances, etc.,
   d) Allowances for recognition of the role which families play in care of disabled and ill elderly members, and
   e) National demonstrations for some home centered service for the large number of elderly living alone.

C. Existing community service agencies should modify their programs to focus on the family as a dynamic support unit, enhancing its competence in dealing with crises of older members and for providing a continuing support mode. Agencies can:

1. Educate community groups in the needs and existing services to help the elderly, encouraging them to form the neighborhood networks discussed in recommendation D.,

2. Modify the requirements of providing support services so as to focus on the family as the service unit, rather than on the individual as the only concern of service eligibility and provision of assistance,

3. Conduct and encourage research on the family as a unit which would stress intergenerational aspects of family relationship rather than the individual as a unit of inquiry,

4. Increase the trend toward home care for the elderly by providing the family with needed services such as:

   a) the containment of family costs by the provision of

home meals, the administration of medication through a visiting nurse program, periodic respite for families caring for sick elderly.

b) educating caretakers as to the best and easiest means of meeting the needs of the elderly,

c) consultation with the family as a whole as to its needs which could be met by existing agencies and services,

d) and the provision of a hotline emergency service for victims of adult abuse.

D. The existing agencies and voluntary associations within each community are to be encouraged to develop neighborhood networks (some already exist in a few cities, small towns often have them) which can find families in acute crises situations, provide connecting links to services and supports and follow up with continued contact as long as needed. Such networks can consist of representative subcommittees of the voluntary associations, such as churches, sororities, associations, and synagogues, organized by neighborhood and working cooperatively. Such networks can provide information and services to a wide range of elders, including those able and those who are frail, as well as the active and the isolated. It is important that these networks utilize the elderly as active participants as much as possible.

E. Specific programs which communities and neighborhood networks could develop of benefit to the elderly would aim to build bridges between generations, particularly between the young and the old. To further such intergenerational relationships the following steps should be undertaken:

1. Expand programs to involve grandparents in specific activities, such as Foster Grandparents,

2. Give attention to elderly in publicly assisted housing such as keeping grandparents close to the rest of the family in separate, close-by housing,

3. Create day-care center projects that utilize paid volunteer grandparents in the program,

4. Place senior centers in day care buildings,

5. Involve grandparents in service delivery to the young by having them transmit information about tradition and culture,

6. Involve organizations in special grandparent activities,

7. Free housing regulations to permit the young to live with grandparents,

8. Assist grandparents in forming relation-strengthening community and society interface of both formal and informal organizations, and

9. Transmit information on educating middle-aged persons regarding resources and services for the aging, so the middle-aged can assume a helping posture.

F. There is a need to encourage local groups and committees to establish hotline emergency service for victims of adult abuse.

G. Federal agencies need to support demonstration projects which examine the potentials of informal support systems of the minorities-of-color families, ethnic cultural groups, and low income communities, and their impact on meeting the needs of their elderly.

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Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

the 1981
White House
Conference
on
Aging

Executive Summary of
Technical Committee
on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR THE FAMILY

TCES-7

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

TECHNICAL COMMITTEE MEMBERS

Helena Z. Lopata, Ph.D.
Professor of Sociology
Director, Center for Comparative Study of Social Roles
Loyola University, Chicago, Illinois

Avis Bohlen
American Association of Foreign Service Women
Washington, D. C.

Elaine Brody, MA
President-Elect
Gerontological Society, PA
Senior Researcher
Philadelphia Geriatric Center

Rev. Lucius F. Cervantes
S.J., Ph.D.
Executive Director, St. Louis Area Agency on Aging & Mayor's Commission on Aging
St. Louis, MO

Robert Hill, Ph.D.
Director of Research
National Urban League, DC

Mesako Osako, Ph,D., Professor
Department of Sociology
University of Illinois

Barbara Silverstone, DSW
Executive Director
Benjamin Rose Institute, OH
Chairman, Committee on Aging, NASW

COMMITTEE STAFF, CONSULTANTS, EXPERTS

Marjorie Cantor, Ph.D., Consultant
Fordham University, NY

Judith Treas, Ph,D,, Consultant
University of Southern California

Phyllis Miller, Ph.D.
White House Conference on Aging Staff

Dale Ving, MA
White House Conference on Aging Staff

Susan Slatkin, MPA
White House Conference on Aging Staff

I. INTRODUCTION

The family traditionally is viewed as one social arena in which the elderly have been integrated in terms of social support and function. However, over the past five decades a number of remarkable changes have occurred which imply alterations in our traditional assumptions concerning aging, the family, and social supports. Many changes have taken place which impact on the way action is taken or not taken with respect to the elder person and the society in which he or she now lives. In identifying and viewing some of these influence factors, we will need to look at demographic perspectives, such as population changes and challenges to the family; historical perspectives, such as filial piety, myth or reality; and social perspective, such as intergenerational solidarity.

II. FINDINGS

Contemporary research purports that while more and more Americans are surviving into their sixth, seventh, eighth, and even ninth decades of life, fertility roles for younger cohorts have dropped--suggesting that families may be increasingly taxed beyond their limits in providing for elderly members. In the labor force more and more middle-aged women are employed full time outside the home--indicating that the traditional "kin-keepers" in the family may find themselves squeezed between demands of older and younger generations within the family. Other social institutions which have been created such as public service agencies and elder programs within the private sector are stepping in to take on some of the traditional family functions and to provide new services for meeting needs of older members--implying to some observers the impotence of some families as the primary support institutions in American Society, especially in terms of older members. Concern about and interest in the ethnic aged and the minority-in-color aged are of very recent origin. On the one hand, in most minorities-of-color and old-world national cultures, traditional support systems to the aged, such as the family and stable community patterns, were and still are very much in operation and taken for granted. On the other hand many such communities are not so able to provide supports to their own kind, especially the

elderly. Also, with the national thrust of American society toward assimilation of all cultures and the subsequent attempt to make a heterogeneous community, and with the downplay of the positive features and devaluation of the knowledge and wisdom of the elderly in these cultures, cultural differentiation is easily overlooked--implying that these cultures and dealing with their elderly may be of less value. At the same time current research identifies the continued support of the family as supremely important in a fast changing and ever more complex industrialized society. The rate of social change, including technology, geographical and social mobility, plus ageism have weakened the relationship between the young and the old in American society. The gap between generations has the most detrimental effects on the elderly in situations in which they become victimized and abused physically and psychologically by the young. Knowledge of crimes against the elderly is so pronounced that the elderly are becoming fearful of the young and tend to avoid contact, especially in high crime areas. Thus, the benefits which could come from intergenerational contacts and relations are minimal but costs are maximized. According to recent literature there is also abuse, both physically and psychologically, of the elder members within family units.

Over-individualization of public policy and regulations tends toward practices which treat the elderly as isolated individual cases, rather than seeing them as part of a family which could provide or is providing certain supports. However, other public policies tend to discriminate against the elderly who live with families by not providing supports which could ease the strain involved in the care of dependent elderly. Inadequacies in services to the elderly place a heavy burden upon families which society has thus far failed to recognize and alleviate. Inflation is eating away the resources of the elderly so that those who cannot purchase the services they need become increasingly dependent upon the family and the community. Age segregation in housing, recreational facilities, work environments, etc, make intergenerational contact difficult to achieve. A family breakdown cycle can result in a disintegration of family relations even among previously "adequate" families.

III. ISSUES

As American society has become concerned about changes and problems facing families, it has generated, often without a consistent logic, more and more services and supports on an individual basis with a focus outside the family. American society faces a dilemma. On one hand, it is assumed that family relations are important and primary in meeting needs and providing emotional support; on the other hand, there is an awareness that social change has altered traditional relationships and responsibilities of families toward kin, but the presence of problems has created a complex system.

It would be inaccurate to gloss over the fact that some families with older individuals are in trouble, in need of external support, and not able to provide the aged individual with needed supports. A number of surveys report the existence of socially isolated aged individualswidowed and without children because they never had any or because they outlived them. For example, Lopata (1979) reports that some of the Chicago area widows she interviewed did not have living children; others saw some children infrequently, others did not even know where one of their children was living. The less education a woman achieved in her youth, Lopata reports, and the lower the socioeconomic class, the more restricted is her life space in widowhood. As is suggested in Lopata's survey and in recent analyses by Cantor (1980) and Bengtson and Kuypers (1980) of the family breakdown cycle in old age, there are severe problems facing many families coping with the normal losses and transitions of aging. Subcultural and ethnic differentials are increasingly important to recognize in America's pluralistic society; Osako (1979) has documented both the strengths and strains among JapaneseAmerican families adjusting to old age, while Bengtson and Burton (1981) note factors leading to greater vulnerability of mental health among today's Black aged. Conflict with adult children, of long duration, exists in many families (Bengtson and and Kuypers, 1980). Adult abuse is increasingly reported in the mass media and by researchers studying violence in the family; Steinmetz & Strauss (1979). In short, contemporary intergenerational family life among America's aged reflects a diverse picture of strengths and weaknesses, support and problems. While most of today's elderly are not isolated or abandoned by their families in a fast-changing social context, many feel vulnerable to the changes of aging and to the overtaxed resources of multigenerational family units. For these elderly Americans and their families, and for the smaller but more desperate minority-by-color and euro-ethnic elderly who are experiencing neglect or outright abuse at the hands of overwrought or indifferent children, it is crucial that more comprehensive and human social policy be enacted. This is a legacy which we must give to the aged of the 21st century.

IV. Policies

The extension of life to include four and five generations in the family, women entering the labor force in increasing numbers, and the tension between values of filial piety and intergenerational independence are examples of contemporary demographic and social trends impinging on today's American family. Such trends point to the need for a broad range of social policies to meet the changing family patterns in the next decade and beyond. Current policy has definitely moved beyond the pattern of exclusive family support. A long inventory can be cited of programs which have been suggested and, in some cases, implemented to meet the special needs of different kinds of elderly--dependent or impaired, the

well and active, and the underutilized in the community within the family (Brody, 1978, 1980; Lang & Brody, 1980; Cantor, 1977, 1980; Lopata and Brehm, 1981). Among these are: (1) in-home services such as homemaker and personal care; (2) service supported living arrangements and quality institutions for older people; (3) financial supports such as a family allowance to help defray costs of parent care; (4) reimbursement for day care; and (5) respite care, all of which have been studied by Cantor for the elderly of New York City. Programs for the well elderly who are community service oriented which have been identified include Foster Grandparents, Vista, Peace Corps, Oral Historian, day care center help such as the Filmore Early Learning Center in the Nation's Capital, local volunteer service, transportation service, age integrated recreational programs for aged and multi-generational use.

Public policy making available these types of services have not always been maximally beneficial among such unintended consequences are Social Security cutoff of maximum family benefits for families with more than two children; age-segregated housing; inheritance laws which do not give credit to the wife as a contributor to the two-person family career; and filial obligation for provisions for medicaid and the insistence that children be responsible for medical payment. Lack of financial support for widows in the "black out" period--the period with no dependent children, prior to reaching eligibility for retirement benefits--has caused many problems for them.

In order to improve the quality of life for elders and to enhance their position in families, there needs to be a new social policy to develop respected new roles for later life. The end of the parental and occupational roles at an early age leave many people for a long phase of life without significant roles. Of equal benefit would be a social policy to assist older individuals and their families in coping with health changes, role transition needs, and crises.

V. Recommendations

I. Public policy at all levels of Federal, state and local governments should be focused on the family as a dynamic support unit enhancing the family's competence in dealing with crises of older members and for providing a continuing support mode. Congress should address the following:

A. Provide for the education of the community in regard to needs and delivery of help to the elderly, as well as the value of elders in a helping mode, and for training of persons to help the elderly;

B. Modify the eligibility requirements for providing support services to focus on the family as a service unit rather than on the narrow perspective of the individual as the only recipient of service;

C. Conduct research centered on the family as a unit in order to stress the intergenerational aspect of family relationships (research has been focusing almost entirely on the individual as a unit of inquiry and has not addressed the family unit in proper perspective);

D. Demonstrate through a series of minority and dominant society projects what the family as a unit of care giving resources, can do to address the needs of the elderly as givers and receivers of service and assistance.

II. Provide financial resources and services in order to develop a community mechanism to provide for a social support system (which will include family and non-family components) to address the array of elders' needs who are able and those less able, or are frail, and which will afford help in the home or in the community, as needed. This network should provide help in meeting the needs of the family with elderly in need to include but not be limited to:

A. Social Security

1. End the 1/3 reduction in SSI when old person shares dwelling unit,

2. End any reductions when family members make contributions, and

3. End assets test for SSI.

B. Home Care

1. Identify persons at imminent risk of institutional admission using functional ability as criterion,

2. Provide comprehensive care in home for eligible elderly,

3. Contain costs so home care can use less intensive care where it can work; (i.e., home-delivered meals may substitute for homemaker),

4. Transfer some institutional costs to home care.

C. Family Care for Elderly Assistance

1. Give minimum incentive of public recognition that families caring for sick elderly require periodic respite, and need to have relief provided for them,

2. Encourage some variation of co-insurance or a deductable concept that might be applied to long-term care programs.

D. Tax Credits or Tax Abatement, or Family Allowances, etc.

1. Explore income tax credits needs to be explored,

2. Increase allowance to families to retard transfer to nursing home,

3. Decrease real estate tax abatement, or family allowances, etc.,

4. Recognize role families play in care of disabled and ill elderly members and provide some form of family allowances,

5. National demonstrations also need to recognize some home centered service for large number of elderly living alone.

III. It is to the benefit of all that bridges be built between generations, particularly between the young and the old. To further such intergenerational relationships the following steps should be undertaken:

A. Expand programs to involve grandparents in specific activities, such as Foster Grandparents;

B. Give attention to elderly in publicly assisted housing such as by keeping grandparents close to the rest of the family in separate housing close by,

C. Establish day care center projects that utilize paid volunteer grandparents in the program,

D. Place senior centers in day care buildings,

E. Involve grandparents in service delivery very to young by transmitting the passage of tradition and culture,

F. Involve organizations in special grandparent activities,

G. Free the housing regulations to permit young to live with grandparents,

H. Aid for assisting grandparents to form relation-strengthening community and society interface of both formal and informal organizations, and

I. Transmit information on educating the middle-aged person regarding resources and services for the aging so the middle-aged can be in a helping posture,

IV. There needs to be a change in certain laws which are having a negative impact on elderly, to include

A. A change in the inheritance laws for spouses (e.g., California laws),

B. A change in laws "deeming" family responsibility for the economic support of the elderly.

V. There needs to be encourgement to local committees to establish a hotline emergency service for victims of adult abuse.

VI. AOA needs to support demonstration projects which examine the potentials of the informal family support systems of the minorities-of-color families, as well as of ethnic cultural groups and of low income, and for their impact in meeting the needs of the elderly.

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